

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

C111111111

FILING DATE

9/29/10

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3		2	1			
4		1	1			
5		1	1			
6			1			
7			1			
8			1			
9			1			
10	1		1			
11		1	1			
12		2	1			
13		1	1			
14			1			
15			1			
16			1			
17			1			
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	17		15			
TOTAL CLAIMS	19		11			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS